

PETITION FOR EXTENSION OF TIME UNDER C.F.R. 1.136(a) (Large Entity)				Docket No. 15436.177.1	
In Re Application Of: James Aldridge					
Application No. 10/802,434	Filing Date 03-17-2004	Examiner Quyen Phan Leung	Customer No. 022913	Group Art Unit 2874	Confirmation No. 3518
Invention: Dense wavelength division multiplexing on coarse wavelength division multiplexing networks					
<u>COMMISSIONER FOR PATENTS:</u> This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response to the Office Action of <u>September 25, 2007</u> in the above-identified application. <div style="text-align: center; margin-top: -10px;"><i>Date</i></div> <p>The requested extension is as follows (check time period desired):</p> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <input checked="" type="checkbox"/> One Month <input type="checkbox"/> Two Months <input type="checkbox"/> Three Months <input type="checkbox"/> Four Months <input type="checkbox"/> Five Months </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> from: <u>December 25, 2007</u> <div style="text-align: center; margin-top: -10px;"><i>Date</i></div> </div> <div> until: <u>January 25, 2008</u> <div style="text-align: center; margin-top: -10px;"><i>Date</i></div> </div> </div> <p>The fee for the extension of time is <u>\$120.00</u> and is to be paid as follows:</p> <div style="margin-top: 10px;"> <input type="checkbox"/> A check in the amount of the fee is enclosed. </div> <div style="margin-top: 10px;"> <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. 23-3178. </div> <div style="margin-top: 10px;"> <input checked="" type="checkbox"/> If an additional extension of time is required, please consider this a petition therefore and charge any additional fees which may be required to Deposit Account No. 23-3178. </div> <div style="margin-top: 10px;"> <input checked="" type="checkbox"/> Payment by credit card. </div> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <u>/Carl T. Reed/Reg. #45454</u> <div style="text-align: center; margin-top: -10px;"><i>Signature</i></div> <p>CARL T. REED Registration No. 45,454 Attorney for Applicant 801-533-9800</p> </div> <div style="width: 45%; text-align: right;"> Dated: <u>January 24, 2008</u> </div> </div>					
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